SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 44 OF 64
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 × 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Taco Political Action Committee			
Full Name (Last, First, Middle Initial)			
A. MAJORITY COMMITTEE PACM	C PAC		Date of Disbursement
Mailing Address P.O. BOX 10134			09 25 2012
City	State Zip Code		Transaction ID - CD02 7474
BAKERSFIELD	CA 93389		Transaction ID : SB23.7174
Purpose of Disbursement PAC Contribution	1	011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
MAJORITY COMMITTEE PACMO		Type	5000.00
Office Sought: House Disburser Senate	ment For: 2012 Primary General		
President	Other (specify) ▼		
State: District:	•		
Full Name (Last, First, Middle Initial)			
B. MARY BONO MACK COMMITTEE		Date of Disbursement	
Mailing Address PO Box 3370			09 19 2012
City	State Zip Code		Transaction ID : SB23.7173
Dalas Casia as	CA 92263		
Palm Springs	92203		
Paim Springs Purpose of Disbursement campaign contribution	92203	011	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution Candidate Name			
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE		011 Category/ Type	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: X House Disburser	ment For: 2012	Category/	
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: House Senate Disburser	ment For: 2012 Primary \times General	Category/	
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: X House Disburser	ment For: 2012	Category/	
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: House Senate President State: CA District: 45 Full Name (Last, First, Middle Initial)	ment For: 2012 Primary \times General	Category/	1000.00
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: House Disburser	ment For: 2012 Primary \times General	Category/	
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: House Senate President State: CA District: 45 Full Name (Last, First, Middle Initial) C. MCSALLY FOR CONGRESS	ment For: 2012 Primary \times General	Category/	Date of Disbursement
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: House Senate President State: CA District: 45 Full Name (Last, First, Middle Initial)	ment For: 2012 Primary \times General	Category/	Date of Disbursement
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: House Senate President State: CA District: 45 Full Name (Last, First, Middle Initial) C. MCSALLY FOR CONGRESS Mailing Address PO BOX 18612	ment For: 2012 Primary \times General	Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: Very House Senate President State: CA District: 45 Full Name (Last, First, Middle Initial) C. MCSALLY FOR CONGRESS Mailing Address PO BOX 18612 City TUCSON	ment For: 2012 Primary	Category/	Date of Disbursement
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Purpose of Disbursement campaign contribution Candidate Name MARY BONO MACK COMMITTEE Office Sought: Value Senate President State: CA District: 45 Full Name (Last, First, Middle Initial) C. MCSALLY FOR CONGRESS Mailing Address PO BOX 18612 City TUCSON Purpose of Disbursement campaign contribution Candidate Name MCSALLY FOR CONGRESS Office Sought: Value House Senate President State: AZ District: 02	ment For: 2012 Primary General Other (specify) State Zip Code AZ 85731 ment For: 2012 Primary General Other (specify) Other (specify)	O11 Category/ Type	Date of Disbursement M M / P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y